

EMERGENCY NEEDS SURVEY

(PLEASE READ)

Each year, the Harford County Division of Emergency Operations conducts a survey to make sure that everyone will get the help they need in an emergency.

This Survey Has Three Purposes

- 1 --- Find out who is unable to hear, read, or understand emergency messages.
- 2 --- Find out who needs help if they have to leave their home in an emergency.
- 3 --- Update any information you may have provided before.

**NOTE: EVEN IF YOU RETURNED A SURVEY LAST YEAR,
PLEASE TAKE TIME TO COMPLETE THIS NEW FORM**

If you have questions about this form or if you need help with it, please call the Division of Emergency Operations at the telephone number listed below.



Harford County
Division of Emergency Operations
220 Ady Road, Forest Hill, Maryland 21050-1707
410-638-4900

STEP #1 Carefully review the items below. Place a check mark (✓) in the box beside those items which apply to you or someone living in your home. Please mark ALL boxes that apply to any person who lives in your home. *Any information you give will be kept confidential.*

CANNOT HEAR

- ' Deaf
- ' Has TTY/TTD available
phone number _____

' **NEED AN AMBULANCE** or medical care to leave home in an emergency.
Describe: _____

' **CANNOT SEE**

CANNOT WALK

- ' Bedridden
- ' Wheelchair bound
- ' Needs physical assistance

' **NEED SPECIAL VEHICLE** to leave home in an emergency (Cannot ride in automobile or bus). Describe: _____

' **CANNOT UNDERSTAND ENGLISH** and no one nearby to translate. List all language(s) understood.

' **NEED A RIDE** (transportation is not available or cannot ride with a friend or neighbor during an emergency). **HOW MANY PERSONS NEED A RIDE:** _____

' **OTHER HELP NEEDED:** _____

STEP #2 If you DID NOT check any of the above items **STOP** now and keep this form for future use. If you DID check one or more items, **GO** to Step #3.

STEP #3 If you DID check any items showing that you or someone in your household needs help during an emergency, please fill out the following.

**** PLEASE PRINT ****

Name(s): _____
(of person(s) needing help)

Street: _____ Apt. No.: _____

City, Town: _____ State: _____ Zip Code: _____

Telephone No.: _____ Date: _____
(of person needing help)

Name: _____ Telephone No.: _____
(of person completing form) (if different from above)